Form 84-387-11-8-1-000 (Rev. 08/11)

Mississippi

Partnership Income Tax Withholding Voucher

Tax Year Beginning __ __ __ __ __ __ __ __ (m m d d y y y y)

Tax Year Ending __ __ __ __ __ __ __ __ (m m d d y y y y)

FEIN __ __ - __ __ __ __ __ __ __

Estimate Due Date __ __ __ __ __ __ __ __ (m m d d y y y y)

Business Name and DBA			Total Number of Owners / Partners Filed on Estimate Form(s)
Address			
City	State	Zip +4	

1. Total Partnership Net Gain or Profit $ __,___,___,___

2. 5% of Net Gain or Profit Withheld
   Enter the Total Amount of Tax Withheld and Remitted by Partnership for Owners / Partners Listed Below. $ __,___,___,___

	Owner / Partner Name	FEIN	SSN	Identification Number	Ownership Percentage	Amount of Payment
3.		☐	☐		___.__%	$
4.		☐	☐		___.__%	$
5.		☐	☐		___.__%	$
6.		☐	☐		___.__%	$
7.		☐	☐		___.__%	$
8.		☐	☐		___.__%	$
9.		☐	☐		___.__%	$
10.		☐	☐		___.__%	$
11.		☐	☐		___.__%	$
12.		☐	☐		___.__%	$
13.		☐	☐		___.__%	$
14.		☐	☐		___.__%	$
15.		☐	☐		___.__%	$
16.		☐	☐		___.__%	$

17. Total of Amounts Entered on Lines 3 Through 16 $ __,___,___,___

18. Total Amounts From All Additional Pages $ __,___,___,___
    (Form(s) 84-387, Page 2)

19. Total Estimate Payment $ __,___,___,___
    (Add Lines 17 and 18. Should Equal Amount of Payment / Gain Entered on Line 2)

I declare, under penalties of perjury, that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, this is a true, correct and complete return.

Officer/ Agent Signature _____ Title _____ Date _____

- **Duplex or Photocopies NOT Acceptable**
- **Print FEIN on Check**
- **Check or money order payable to Department of Revenue or see instructions for electronic payment options.**

Mail To: Department of Revenue
P.O. Box 23075
Jackson, MS 39225-3075

Form 84-387-11-8-2-000 (Rev. 08/11)

843871182000

Mississippi

Partnership Income Tax Withholding Voucher

FEIN __ __ - __ __ __ __ __ __ __

Owner / Partner Name	FEIN	SSN	Identification Number	Ownership Percentage	Amount of Payment
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
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	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
	☐	☐		%	$
Subtotal (Add Lines and Enter Total Amount on Form 84-387, Page 1, Line 18.)				%	$